

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 744752 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3							53					
4	21						54					
5	10						55					
6	④						56					
7	10						57					
8	④						58					
9	10						59					
10	④						60					
11	10						61					
12	④						62					
13	10						63					
14	④						64					
15	10						65					
16	④						66					
17	10						67					
18	④						68					
19	10						69					
20							70					
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37							87					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	19	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]		

PTO-1360 (3-78)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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